

POWER PAC CONFERENCE REGISTRATION FORM 2014-15

Team name _____

Division: circle (Girls) (Boys) (A) (B) (4th) (5th & 6th) (7th & 8th)

PLAYERS NAME _____

GRADE: _____ **D.O.B.** ____/____/____

SCHOOL ATTENDING NAME & ADDRESS: _____

HOME ADDRESS:

Street: _____

City or Town: _____ **Zip Code:** _____

PHONE# 1) _____ **2)** _____

EMAIL: _____

EMAIL: _____

Coach Print:

PARENT SIGNATURE

DATE ____/____/____

By signing this form you give the PPC committee the right to verify all information on this form.

(PPC COMMITTEE use) signed waiver: Yes / No

POWER PAC CONFERENCE FINAL ROSTER 2014-15

TEAM NAME: _____

DIVISION: CIRCLE (GIRLS) (BOYS) (A) (B) (4th) (5&6) (7&8)

HEAD COACH: _____

PHONE _____ - _____ - _____ EMAIL _____

ASSISTANT COACH: _____

PHONE _____ - _____ - _____ EMAIL _____

PLAYERS INFO: players must have their BIRTH CERTIFICATE & SCHOOL REPORT CARD available at team registration for viewing with final roster

Note: Birth certificates are for viewing at registration: DO NOT HAND IN BIRTH CERTIFICATES

- 1) _____ # _____ D.O.B. _____/_____/_____
- 2) _____ # _____ D.O.B. _____/_____/_____
- 3) _____ # _____ D.O.B. _____/_____/_____
- 4) _____ # _____ D.O.B. _____/_____/_____
- 5) _____ # _____ D.O.B. _____/_____/_____
- 6) _____ # _____ D.O.B. _____/_____/_____
- 7) _____ # _____ D.O.B. _____/_____/_____
- 8) _____ # _____ D.O.B. _____/_____/_____
- 9) _____ # _____ D.O.B. _____/_____/_____
- 10) _____ # _____ D.O.B. _____/_____/_____
- 11) _____ # _____ D.O.B. _____/_____/_____
- 12) _____ # _____ D.O.B. _____/_____/_____